



AUTHORIZATION FOR PHYSICAL EXAMINATION TO DETERMINE DISABILITY FOR MEDICAL ASSISTANCE

State Form 22032 (R10 / 11-00) / OMPP 0251

Case name
Case number

INSTRUCTIONS: Send original to examining physician, make copy for the County Office.

TO:

Dear:

You are hereby authorized to examine the above individual who has applied for Medical Assistance based on disability. Your claim for payment for the examination may be filed only on OMPP Form 0175, Claim for Services Furnished, which is attached. A maximum of \$65 will be paid by the Family and Social Services Administration (FSSA) for a physical examination or evaluation (*including a report of such examination*). Examination fees include expenses for basic blood testing and urinalysis. Fees relating to these tests will not be reimbursed separately. A maximum of \$80 per hour will be paid for a psychiatric evaluation or testing and completion of a report thereon. If you are able to complete a report from an examination that was given within the past three (3) months and a reexamination is not necessary, a maximum of \$10 will be paid for the completion of the report. Diagnostic procedures, such as laboratory tests, x-rays, and special testing, may be performed only if prior-authorized by the Medicaid Medical Review Team (MMRT) physician. Authorization will be granted only if additional testing is necessary in order to confirm the diagnosis, or to measure the severity of the impairment, or to assist you in completing your report. In order to request prior authorization, please call (317) 232-2028 **for physically-related additional testing and 233-5725 for psychological additional testing. One and one-half hours or less of psychological evaluation does not require prior authorization. Two hours or less of IQ testing does not require prior authorization. All authorized additional testing must be billed utilizing the approved CPT code in order to receive proper reimbursement.** Payment may be made only for the initial examination, additional testing that has been prior-authorized or to obtain copies of prior reports. Payment may not be made for any treatment given to the individual. You must file your claim for payment with any legally liable third party before you submit your claim to the Office of Medicaid Policy and Planning (OMPP). All prior-authorized additional testing will be reimbursed according to the Medicaid fee-for-service schedule applicable on the date of service.

A disabled person is defined in IC 12-1-7.1-1 as a person who has a physical or mental impairment, disease or loss which appears reasonably certain to result in death or that has lasted or appears reasonably certain to last for a continuous period of at least four (4) years without significant improvement and which substantially impairs his/her ability to perform labor or services or to engage in a useful occupation. The law (*IC 12-14-15-1(2) and IC 25-22.5*) requires an individual to be examined by a physician holding an unlimited license to practice medicine.

The law further stipulates that the findings of the physician and a social report from this office are to be reviewed by the MMRT within the Office of Medicaid Policy and Planning. This team is composed of a physician and a psychiatrist and has the responsibility for making a decision as to whether a person meets the Indiana Medicaid criteria for being substantially and indefinitely impaired. Since the State Supervising Physician has no opportunity to see the patient, complete medical information is essential to this process. Federal law requires that the State develop a complete medical history for at least twelve (12) months preceding the month of application, unless there is reason to believe that development of an earlier period is necessary, or unless the applicant says the disability began less than twelve (12) months before application. Therefore, the applicant's complete medical history for a minimum of twelve (12) months must be provided in addition to the "current medical history" information required under Section III, Paragraph B of the enclosed OMPP Form 0251A. The current medical history information must be current within three (3) months and must be sufficiently detailed to show the nature and extent of the person's impairments and the prognosis after treatment.

Please enter your findings on the attached OMPP Form 0251A, Determination of Disability: Medical Information, and return the original and one copy to this office. Since the use of carbon paper is not necessary, it will be appreciated if you type or use a ballpoint pen. If you would prefer to submit your findings in a letter format, please feel free to do so. Findings from diagnostic procedures should be attached to either OMPP Form 0251A or your letter.

Continued

As this Office is under federal mandate to process Medical Assistance applications within a specific period of time, your cooperation in submitting your report as soon as possible is vitally important.

If you would like additional information regarding this program or social information about the patient, please feel free to contact this office.

Signature of County Director	County
Address (<i>street, city, state, ZIP code</i>)	Date signed (<i>month, day, year</i>)